OBSTETRICAL EMERGENCIES

UNCOMPLICATED DELIVERY

BLS INTERVENTIONS

1. Administer Oxygen as clinically indicated.
2. Prepare for delivery.
3. Massage fundus if placenta delivered.

COMPLICATED DELIVERY

BLS INTERVENTIONS

1. Excessive vaginal bleeding prior to delivery:
    a. Attempt to contain bleeding. Do not place anything into vagina.
    b. Trendelenberg position.
2. Prolapsed Cord:
    a. Hips elevated.
    b. Gently push presenting part of head away from cord.
    c. Consider knee/chest position for mother.
3. Post Partum Hemorrhage:
    a. Massage fundus to control bleeding.
    b. Encourage immediate breast feeding.
    c. Trendelenburg position.
4. Cord around infant's neck.
    a. Attempt to slip cord over head.

b. If unable to slip cord over head, deliver the baby through the cord.

c. If unable to deliver the baby through the cord, double clamp cord, then cut cord between clamps.

5. Breech presentation and head not delivered within 3-4 minutes:

   a. Hi-flow O2 on patient.

   b. Trendelenburg position.

   c. Code 3 to closest appropriate facility.

6. Pregnancy induced hypertension and Eclampsia:

   a. Seizure precautions.

   b. Attempt to reduce stimuli.

   c. Limit fluid intake.

   d. Monitor and document B/P.

   e. Consider left lateral position.

ALS INTERVENTIONS

1. Obtain IV access, and maintain IV rate as appropriate.

2. Excessive vaginal bleeding or post-partum hemorrhage.

   a. Give fluid challenge of 500ml, if signs of inadequate tissue perfusion persist may repeat fluid bolus.

   b. Maintain IV rate at 150ml/hr.

   c. Establish 2nd large bore IV enroute.

3. Pregnancy Induced Hypertension / Eclampsia.

   a. IV TKO, limit fluid intake.

   b. Obtain O2 saturation on room air, if possible.

c. Place in left lateral position, and obtain BP after five (5) minutes.

d. Obtain rhythm strip with copy to receiving hospital.

e. For tonic/clonic activity:

i. Magnesium Sulfate 4gms diluted with 20ml NS, IV/IO over 3-4 minutes

ii. Midazolam 2.5mg IV/IO may repeat for a maximum dose of 5mg IV/IO, or Midazolam 5mg IM may repeat for a maximum dose of 10mg IM if unable to establish vascular access.

4. Consider immediate notification of Base Station physician.

5. Base Station physician may order:

a. Dopamine infusion at 400mg in 250ml NS titrated between 5 – 20mcg/min to maintain adequate tissue perfusion.

b. Magnesium Sulfate infusion of 2grams Magnesium Sulfate in 100ml of NS at 30ml/hour after initial administration of 4 grams Magnesium Sulfate.

c. Repeat dose of Midazolam after ten (10) minutes for continued tonic/clonic activity.

6. In radio communication failure (RCF) the following medications may be given:

a. Dopamine infusion at 400mg in 250ml NS titrated between 5 – 20mcg/min to maintain adequate tissue perfusion.

b. Magnesium Sulfate infusion of 2grams Magnesium Sulfate in 100ml of NS at 30ml/hour after initial administration of 4grams Magnesium Sulfate.

c. Repeat dose of Midazolam after ten (10) minutes for continued tonic/clonic activity.